

was obtained, and stimulating applications and electricity were tried, but without effect. The disease made progress for five years and then stopped. At the end of that time he presented the following condition: The muscular system is well developed, and, except in the face, the body presents no want of symmetry. There, on the contrary, whilst the right cheek is full, fresh, and rosy, the left cheek is pale and shrunken, like that of an old woman; the skin of the left cheek is thin, corrugated, and may be easily raised; the subcutaneous fatty tissue has almost completely disappeared, so that at several points the integument adheres to the bone; through its thickness the teeth may be felt; the muscles are atrophied and the bones are thinner on the healthy side. The buccinator, the zygomatics, the masseter, and the frontal portion of the temporal, have especially suffered. The muscles of the forehead, the lips, and of the chin, are free; the muscles of the nose are feebly attacked; the ears do not present any difference; a deep furrow ascends from the left commissure of the mouth towards the zygomatic arch and extends as far as the insertion of the temporal muscle. Near to the left commissure of the mouth, under the white and thin skin, a branch of the facial is seen beating. Some rather large veins descend from the suborbital border towards the middle of the face. The skin excoriates easily, but is never covered with sweat, even under the influence of violent exercise. The growth of the eyebrows, the eyelashes, and of the hairs, also the secretion of tears, present no difference on the two sides. Sensibility and motricity are not in any way behind those of the healthy side. Temperature is the same in the two ears (36.8° Centigr.). There is no want of symmetry of the different organs contained in the buccal cavity; no difference of coloration of the gums or of the buccal mucous membrane; lastly, on each side the salivary secretion is the same and temperature at 37.5° Cent. The following measurements give an idea of the changes of size produced by the atrophy:—

	RIGHT.		LEFT.	
	Inches.	Lines.	Inches.	Lines.
From the extremity of the nose to the lobe of the ear	4	10	4	5
From the same to the outer angle of the eye	3	1	2	9
From the middle line of the part to the lobe of the ear	4	$\frac{1}{2}$	4	$\frac{3}{8}$
Thickness of the face	1	$\frac{1}{2}$	0	4
Height of the superior maxilla	1	$\frac{3}{8}$	1	0
“ inferior “	1	$\frac{1}{2}$	1	$\frac{3}{8}$

The body of the patient presents otherwise no anomaly. Of eleven cases noted by the author, in five the disease began by a white spot, which by degrees extended and became the seat of depression. In five there was simple pallor of a portion of the integument. In three the affected region subsequently became yellow, turning to bronze as is seen in the cicatrices of certain burns. The skin becomes depressed, not only by the disappearance of the subcutaneous adipose tissue, but by the modification of certain of its elements. To the touch it presents the sensation produced by cicatricial tissue. The muscles become diminished, but continue to contract, after a time the cartilage and the bones are attacked. In consequence of lesion of the cartilage, in one instance the temporo-maxillary articulation became dry and loose. The author relates the case of a young woman in whom a somewhat analogous form of progressive atrophy of the skin attacked the right infra-mammary region. It began as a yellowish spot the size of an almond, which extended in the antero-posterior direction. The skin became hard, depressed and adherent, of a brownish-yellow colour, bluish in certain points, the epidermis shining like that of a cicatrix. Romberg gives this affection the name of “Trophonévrose;” Moore, Virchow, and Hasse consider it a form of progressive muscular atrophy. Drs. Bitot and Lande point out that the muscles retain their contractility for years. They consider it a special autopathic affection, and propose to designate it “Aplasie lamineuse progressive.”—*Brit. and For. Med.-Chir. Review*, Oct. 1870, from *Archives Gén. de Méd.*, March, 1870.

34. *Progressive Osteomalacia*.—Dr. GUSSMANN relates, in the *Würtemb. Med. Corresp.-Bl.*, xl., 1870, the case of a man, 38 years old, an optician, who had

always lived a regular life, and up to the age just mentioned had suffered from no severe disease. On a cold night in winter, whilst in a state of perspiration, he stood for some time with his feet in a puddle of ice-water, and was soon afterwards seized with pain in the neck and back, from which he continued to suffer up to the day of his death, which occurred ten years subsequently. He gradually became emaciated and pale. At length a permanent distortion of the spine set in, with consequent difficulty of breathing, which was mainly due to the compression of the lungs from an enlarged gland situated beneath the sternum. Finally pain was experienced upon the least movement, especially of the trunk. A severe febrile movement now set in from time to time. Perspiration seldom occurred. The urine was generally clear and yellowish. Shortly before death, in consequence of pressure upon the spinal cord by the curvature of the cervical vertebræ, the left arm became paralyzed. A *post-mortem* examination showed that the anterior wall of the chest was very much bulged forward to the level of the third rib, and at the lower portion of the chest, at its sides, the ribs were forced out, very much bent, of a deep bluish colour, their periosteum not thickened, but readily removed, and at some points they were cracked. Upon dividing the integuments they were found reduced to the thinness of paper, and the contents of the cavity of the chest consisted in great measure of a soft fatty reddish substance. The cervical vertebræ were very much curved laterally, with the convexity of the curve to the left side, the dorsal vertebræ were curved outwardly. The vertebræ and bones of pelvis projected backwards. There was some degree of gibbosity of the clavicles and of the sternum, in which the indications of osteo-sarcoma were present. This accords with the previous investigations of Prof. Scüppel on the diseased conditions of the bones. The bones of the extremities, and those of the cranium were in a normal condition. —*Centralblatt f. d. Med. Wissenschaften*, July 23, 1870. D. F. C.

35. *Digitalis in Delirium Tremens*.—Dr. A. WILTSHIRE, records (*Lancet*, Aug. 27th, 1870) five cases of delirium tremens successfully treated by half-ounce doses of tincture of digitalis. He states that Dr. Russell Reynolds, to whom he had communicated these cases, suggested that possibly the good effect of the half-ounce of tincture of digitalis might be owing to the alcohol it contained, and not to the digitalis; and he recommended that, if I had an opportunity of doing so, it would be well to try the effect of half an ounce of proof spirit. Dr. Reynolds, also, suggested that, if I found it necessary to resort to digitalis, it would be desirable to give a watery infusion of the drug, using a dose of it equal in strength to half an ounce of the tincture. It so happened that, shortly after this conversation, Case 3 again came under my care, with another severe attack of delirium tremens. I felt it to be my duty to give him the benefit of ordinary treatment at the outset, as I had done in the first attack for which I attended him; but the result was equally unsatisfactory, and ultimately, I judged it to be necessary to give him digitalis again. But before doing so, I determined to put into practice Dr. Reynold's suggestion. I accordingly gave half an ounce of proof spirit; and although for a considerable time I carefully watched the patient after its administration, I could detect no change whatever either in the pulse, respiration, or mental condition. Finding the result of this experiment to be purely negative, I resorted to the half-ounce dose of tincture of digitalis, as I found a difficulty in procuring good digitalis leaves wherewith to make a watery infusion. This, happily, acted as efficiently as a like dose had done on the first occasion; and the phenomena observed after its administration were of precisely the same character—that is to say, the pulse fell in frequency while it gained in volume and strength, the breathing became more tranquil, and the patient fell asleep within twenty minutes of taking the drug. After some hours' sleep he awoke cured.

No bad or dangerous effects were observed in either of the cases narrated, although, I confess, that the marked decrease in the frequency of the pulse at first made me uneasy; and, had I not recognized that, while it fell in frequency, it gained remarkably both in force and in volume, I should have been alarmed.

It will be observed that my patients were young, or comparatively young, persons; for I am averse to treating the aged by means of large doses of digi-